



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINED LAND RECLAMATION  
P. O. DRAWER 900; BIG STONE GAP, VA 24219  
TELEPHONE: (276) 523-8190

### PRE-BLAST SURVEY

<b>COMPANY</b>		<b>Permit No.</b>	
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<b>OCCUPANT</b>		Enter "O" for owned, or "R" for rented	
<b>ADDRESS</b>			
<b>Town/City</b>		<b>County</b>	

STRUCTURE - General Information			
Enter "A" for private residence, "B" for public building, or "C" for commercial building			
Distance from Permit (feet)		Approximate Age of Structure (years)	
Construction Type			
Type of Foundation			
Indicate whether the structure is on bedrock (specify type of material) and/or fill (indicate varying soil type), and provide any additional observations relating to the nature of the ground.			
Does surface water flow towards or away from the structure?			

STRUCTURE CONDITION	
Indicate whether there are any leaks, cracks, areas of condensation; and any noticeable defects or damage to the roof, chimney, guttering, foundation, plumbing, basement floor, or other areas of the structure. (be specific for each item). Provide a detailed description of the existing condition, including utilities. Attach relevant photographs, if available.	
Exterior	
Interior	
Describe any areas with broken or cracked glass.	

WATER SUPPLY	
Type of water supply source(s)	
Indicate the length of time (years) each source has been in use & which is the primary source.	
Distance (feet) & direction of permit in relation to water supply.	
Indicate whether the water user requested an analysis of the water supply, and attach a copy of the analysis(es) report.	
Water Analysis conducted by	

OUT-BUILDING(s)	
Approximate Age of each Out-Building Structure (years)	
Current Use of each Structure and how it was built (i.e. construction material used)	
Describe the current condition of each Out-Building	

RECOMMENDATIONS OR PROPOSED ADJUSTMENTS TO BLASTING PLAN
Provide or discuss measures the Permittee may employ to protect structures from adverse impacts from blasting operations.

COMMENTS

PRE-BLAST SURVEY			
Survey Company Name		Date(s) Survey Conducted	
Address		Business Phone No.	
Name of Person (s) who conducted survey			

CERTIFICATION OF SERVICE OF PRE-BLAST SURVEY			
I certify that a copy of this report has been received by the person who requested the Pre-Blast survey.			
Name and Title of Permittee's Authorized Representative			
Signature:		Date:	